eHealth Board Information Exchange Workgroup
Charter, Activities, and Recommendations

Executive Summary:

Background
- Charge was to develop recommendations regarding the architecture of a statewide health information exchange
- Six meetings since June, including one face-to-face meeting in July in which the other workgroups were invited
- The workgroup is meeting on Thursdays from 4:00 – 5:00 p.m. beginning August 10.
- Progress has been tracked in the document provided by the specific charges of the group
- Strong enthusiastic engagement by all team members

Information about the work of this workgroup can be accessed at: http://ehealthboard.dhfs.wisconsin.gov/workgroups/.

Membership

Members	Resources
Chair: Hugh Zettel, GE Healthcare	Jim Grant, University of Wisconsin DoIT
Bevan Baker, City of Milwaukee Health Department	Keith Haugrud, SAS Institute, Inc.
John Hartman, Visonex Corporation	Terry Hiltz, DPH, DHFS
Scott Novogoratz, Advanced Healthcare	Laura Kreofsky, First Consulting Group
Debra Rislow, Gundersen Lutheran	Matt Miszewski, DOA
Karl Stebbins, MetaStar	Debbie Rickleman, Wisconsin Hospital Association
Susan Turney, Wisconsin Medical Society	Vinny Taneja, Northwoods Consortium Epidemiologist
Denise Webb, DHCF, DHFS	Herb Thompson, BIS, DHFS
Louis Wenzlow, Rural Wisconsin Health Cooperative	Lorna Will, DPH, DHFS

Key Staff
Seth Foldy, MCW
Stacia Jankowski, DPH, DHFS
Susan Wood, DPH, DHFS

Advantages
- Engagement of state government
- Progressive health care environment
- Private industry leadership
- Stakeholder involvement in development
- Timing – chance to learn from other state's efforts
- Opportunities
- Funding
- State infrastructure
- Existing resources for Master Person Index (MPI)
- Standardization through newly formed WHIO effort to collect claims data

Potential Gaps/Challenges
- Ownership/stewardship of the HIE
- Engagement of all stakeholders
- Data management
- Understanding the current adoption of HIT/HIE
- Funding
- Usability of HIT/HIE in non-hospital settings
- Getting ahead of national HIT data standards initiatives
- Ensuring data security and privacy
- Cross-state health information exchange

Next Steps
- Discussion, identification, and quantification of HIT/HIE efforts at the state level
- Preliminary results on the density of HIT/HIE
- Discussion and identification of possible architectures
- Analysis of other state's and the national HIE initiatives
- Developing a roadmap where the implementation is based on safety, quality, and cost
- Trying to coordinate a demonstration, possibly in September, to address some of the capabilities both locally and nationally.

Assumptions:
- Level of funding and its sustainability will impact the final recommendations regarding the structure of a health information exchange in Wisconsin. The Financing Workgroup will provide recommendations on funding options that will assist in identifying an architectural structure and assist in identifying steps towards adoption of health information technology.
- A Master Patient Index (MPI) or an algorithm to uniquely identify patients is essential in developing the security and authentication necessary for secure health information exchange.

Charge	Status	Discussion Date
1. Complete an inventory of existing state technical infrastructure resources to increase the understanding of what infrastructure resources can be leveraged (3).	The workgroup has begun to identify existing state infrastructure opportunities. Listed below are a few of the state resources that have potential for being leveraged in the development of this system: *Public* - Wisconsin Immunization Registry (WIR), which already has over 4.3 million individuals entered, and utilizes a Master Person Index (MPI) that has been adopted in other areas. - There is an opportunity to eliminate redundancy in the development and use of a MPI for the many state agencies that require an MPI. - The Medicaid ER Tool that is being developed to share claims data with emergency rooms. - BadgerNet, which could be employed to provide statewide broadband access. *Private* - Wisconsin Health Information Organization (WHIO) development of a claims database. - Regional Health Information Organization (RHIO) development occurring through Wisconsin Health Information Exchange (WHIE) and Madison Patient Safety Collaborative	June 15, 2006 June 22, 2006

Charge	Status	Discussion Date
	▪ Wisconsin Electronic Medical Record vendors, such as GE and EPIC.	
2. Discuss and document different options/examples of technical architectures used by health information exchanges and the best uses of each (1).	The following technical architectural options were discussed: 1. Centralized – a model in which the health information of a community is centralized. 2. Federated – a model in which health information is stored where care is provided. With this model, an infrastructure is created that enables information to be tapped from any locations about individual patients. 3. Hybrid – this is a model where certain aspects within a health record are centralized and other information is stored at the location in which the care is provided. Florida is one example where the state may host a centralized repository of a master person index. A recommendation has not yet been made. The workgroup will continue to flesh out these models in an attempt to identify which model will best meet the needs in Wisconsin. Information from the other workgroups in terms of needs will drive the selection of the architecture. Feedback is being gathered by the Consumer Interests and Patient Care Workgroups through use case scenarios as well as tracking the progress of the American Health Information Community (AHIC).	July 20, 2006
3. Conduct a study on the adoption of health information technology and exchange in Wisconsin.	Workgroup members have been identified and are researching adoption statewide of the health information technology and exchange. A preliminary report was made available on July 27. Information gathered from this effort will be used in developing policy recommendations for further adoption of the technology as it relates to item 6. **Rec #3.1:** It is reported that a large number of physicians are	July 27, 2006

Charge	Status	Discussion Date
	using electronic health information systems, as nearly 60% of Wisconsin physicians are part of a larger clinic. In order to ascertain an accurate level of adoption, a more comprehensive survey is recommended. This survey needs to be targeted to a larger audience than the one completed by MetaStar in 2005 to obtain a more accurate representation of statewide adoption.	
4. Present findings, analysis, and recommendations to the Board at the August 3, 2006 meeting.		August 3, 2006
5. Recommend a process inclusive of the appropriate groups and organizations to establish technology design guidelines including compliance with national standards (4).		August 17, 2006
6. Recommend policies and practices to promote availability of health information across medical care settings that can be promoted short term, before full deployment of interoperable, real-time data exchanges are feasible (5).	Discussion items at the July 20 meeting identifying a few policy changes that would help to enable health information exchange statewide and should be taken into consideration, including: • Allowing redisclosure of patient information between providers for care purposes without explicit patient consent. Currently, if one provider sends patient information to another, the provider receiving that information cannot redisclose that information without explicit patient consent. • Legislative changes to allow for opt-out of an exchange system. Currently, Wisconsin law requires that patient information be exchanged for care purposes only (with certain exemptions) without direct patient consent. • The workgroup will address the need for health information exchange to support the need for parents, caregivers, and other patient advocates to facilitate the movement of health information as needed for those in	August 24, 2006

Charge	Status	Discussion Date
	their care.	
7. Create technical requirements based on business and clinical use cases required for the first key product types such as the use of data and messaging standards, business intelligence, user authentication and an approach to a patient index (6).	Based on the recommendations of the Patient Care and Consumer Interests Workgroup, the following options and their phasing (both in terms of timing and richness of capability through data sources available) will be discussed to identify a process for the first capabilities to be implemented: • Identity/demographics/master person index • Payers/insurance/coverage and eligibility • Diagnosis • Medications • Emergency contact • Immunizations • Allergies • Labs and other diagnostics (results reporting) • Discharge summaries • Advance directives • Medical devises Next steps: Look at the American Health Information Community (AHIC) use cases in conjunction with the Patient Care and Consumer Interests Workgroup.	Early September 2006
8. Identify technical options and their advantages and disadvantages for a statewide electronic health infrastructure (2).	Next steps: Schedule a technology demonstration for September 2006.	September 2006
9. Coordinate and give input to other work groups (7).		Ongoing
10. Review a first draft of the eHealth Action Plan.		October 9 – 24, 2006
11. Review second draft of the eHealth Action Plan.		November 7 – 10, 2006

Charge	Status	Discussion Date
12. Submit final draft of the Information Exchange section of the eHealth Action Plan to the eHealth Board		November 14, 2006
13. Final Action Plan submitted to Governor		December 1, 2006

Issues for discussion:
- Additional research needs;
- Additional stakeholder involvement
- How do the workgroups make sure that they are aligned on the goals in moving forward on the development of these plans, as this alignment will drive the work across the workgroups?